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12/13/2002

HUDAK, SHUNK & FARINE, CO., L.P.A.

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SUITE 307

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Laura F. Shunk (Depositor's name)
Laura F. Shunk (Signature)
February 26, 2003 (Date)

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
09/685,708	10/10/2000	Kyle Hayes	CROSS-NN-CIP	3926

TITLE OF INVENTION: BONE STABILIZATION PLATE WITH A SECURED-LOCKING MECHANISM FOR CERVICAL FIXATION

APPLN. TYPE	SMALL ENTITY	ISSUE FEE	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	YES	\$640	\$0	\$640	03/13/2003

EXAMINER	ART UNIT	CLASS-SUBCLASS
ROBERT, EDUARDO C	3732	606-069000

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).

☐ Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.☐ "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.

2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

1. Hudak, Shunk & Farine Co.

2. Laura F. Shunk

3. _____

3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. Inclusion of assignee data is only appropriate when an assignment has been previously submitted to the USPTO or is being submitted under separate cover. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

Cross Medical Products, Inc.

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

Irvine, CA 92618

Please check the appropriate assignee category or categories (will not be printed on the patent)

☐ individual ☒ corporation or other private group entity ☐ government

4a. The following fee(s) are enclosed:

☒ Issue Fee☐ Publication Fee☒ Advance Order - # of Copies 2

4b. Payment of Fee(s):

☒ A check in the amount of the fee(s) is enclosed.☐ Payment by credit card. Form PTO-2038 is attached.☒ The Commissioner is hereby authorized by charge the required fee(s), or credit any overpayment, to Deposit Account Number 08-3150 (enclose an extra copy of this form).

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(Authorized Signature)

(Date)

Laura F. Shunk

2-26-03

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